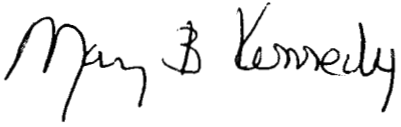
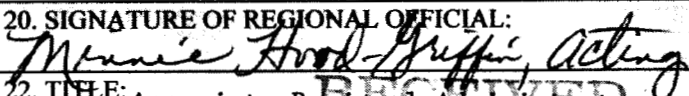


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 02 - 30	2. STATE: Minnesota
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>			
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 01/01/03	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION Sections 1902(a)(10)(E)(iv)(II) and 1933 of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2003                      \$ No Impact b. FFY 2004                      \$ No Impact	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: State Plan Pages 21, 29a, 29b Attachment 2.2-A, page 9b2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): State Plan Pages 21, 29a, 29b Attachment 2.2-A, page 9b2	
10. SUBJECT OF AMENDMENT: Other Required Special Groups. Removal of Qualified Individuals - 2			
11. GOVERNOR'S REVIEW (Check One):			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  		16. RETURN TO: Stephanie Schwartz Federal Relations Unit Minnesota Department of Human Services 444 Lafayette Road No. St. Paul, MN 55155-3852	
13. TYPED NAME: Mary B. Kennedy			
14. TITLE: Medicaid Director			
15. DATE SUBMITTED: 12/19/02			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 12/23/02		18. DATE APPROVED: February 11, 2003	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2003		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Cheryl A. Harris		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health DEC 31 2002	

DATE: 12/23/02

MINNESOTA

**MEDICAL ASSISTANCE**

Federal Budget Impact of Proposed State Plan Amendment TN 02-30

State Plan Pages 21, 29a, 29b, and Attachment 2.2-A Page 9b2:

Elimination of Qualified Individuals-2.

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1. There is no budget impact as the federal allocation is ending December 31, 2002.

Revision: HCFA-PM-98-1 (CMSO)  
APRIL 1998

State: Minnesota

Citation

3.1 Amount, Duration, and Scope of Services (continued)

1902(a)(10)(E)(i)  
and clause (VIII)  
of the matter  
following (F),  
beneficiaries and 1905(p)(3)  
of the Act

(a)(3) Other Required Special Groups: Qualified Medicare Beneficiaries

Medicare cost sharing for qualified Medicare described in section 1905(p) of the Act is provided only as indicated in item 3.2 of this plan.

1902(a)(10)  
(E)(ii) and  
1905(s) of the  
Act

(a)(4) (i) Other Required Special Groups: Qualified Disabled and Working Individuals

Medicare Part A premiums for qualified disabled and working individuals described in section 1902(a)(10)(E)(ii) of the Act are provided as indicated in item 3.2 of this plan.

1902(a)(10)  
(E)(iii) and  
1905(p)(3)(A)(ii)  
of the Act

(ii) Other Required Special Groups: Specified Low-Income Medicare Beneficiaries

Medicare Part B premiums for specified low-income Medicare beneficiaries described in section 1902(a)(10)(E)(iii) of the Act are provided as indicated in item 3.2 of this plan.

1902(a)(10)  
(E)(iv)(I) 1905(p)(3)  
(A)(ii), and 1933 of  
the Act

(iii) Other Required Special Groups: Qualifying Individuals - 1

Medicare Part B premiums for qualifying individuals described in 1902(a)(10)(E)(iv) (I) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.

1902(a)(10)  
(E)(iv)(II), 1905(p)(3)  
(A)(iv)(II), 1905(p)(3)  
the Act

(iv) Other Required Special Groups: Qualifying Individuals - 2

~~The portion of the amount of increase to the Medicare Part B premium attributable to the Home Health provisions for qualifying individuals described in 1902(A)(10)(E)(iv) (II) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.~~

1925 of the  
Act

(a)(5) Other Required Special Groups: Families Receiving Extended Medicaid Benefits

Extended Medicaid benefits for families described in section 1925 of the Act are provided as indicated in item 3.5 of this plan.

TN No. 02-30  
Supersedes  
TN No. 98-18

Approval Date \_\_\_\_\_ Effective Date 01/01/03

29a

Revision: HCFA-PM-97-3 (CMSO)  
December 1997

State: Minnesota

Citation

1902(a)(10)(E)(ii)  
and 1905(s) of the Act

(ii) Qualified Disabled and Working  
Individual (QDWI)

The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in ATTACHMENT 4.18-E, for individuals in the QDWI group defined in item A.26 of ATTACHMENT 2.2-A of this plan.

1902(a)(10)(E)(iii)  
and 1905(p)(3)(A)(ii)  
of the Act

(iii) Specified Low-Income Medicare  
Beneficiary (SLMB)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals in the SLMB group defined in item A.27 of ATTACHMENT 2.2-A of this plan.

1902(a)(10)(E)(iv)(I),  
1905(p)(3)(A)(ii), and  
1933 of the Act

(iv) Qualifying Individual-1 (QI-1)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act.

~~1902(a)(10)(E)(iv)(II),  
1905(p)(3)(A)(ii), and  
1933 of the Act~~

~~(v) Qualifying Individual-2 (QI-2)~~

~~The Medicaid agency pays the portion of the amount of increase to the Medicare Part B premium attributable to the Home Health Provision to the individuals described in 1902(a)(10)(E)(iv)(II) and subject to 1933 of the Act.~~

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TN No. 02-30  
Supersedes  
No. 98-18

Approval Date \_\_\_\_\_ Effective Date 01/01/03 TN

29b

Revision: HCFA-PM-97-3 (CMSO)  
December 1997

State: Minnesota

Citation

1843(b) and 1905(a)  
of the Act and  
42 CFR 431.625

(vi) (v) Other Medicaid Recipients

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:

X All individuals who are: (a) receiving benefits under titles I, IV-A, X, XIV, or XVI (AABD or SSD); b) receiving State supplements under title XVI; or c) withing a group listed at 42 CFR 431.625(d)(2).

— Individuals receiving title II or Railroad Retirement benefits.

— Medically needy individuals (FFP is not available for this group).

1902(a)(30) and  
1905(a) of the Act

(2) Other Health Insurance

X The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals (except individuals 65 years of age or older and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B).

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TN No. 02-30

Supersedes

TN No. 98-18

Approval Date \_\_\_\_\_ Effective Date 01/01/03

Revision: HCFA-PM-95-2 (MB)  
April 1995

ATTACHMENT 2.2-A  
Page 9b2

State Minnesota

Citation	Groups Covered
1634(e) of the Act	<p>A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (continued)</p> <p>28. <u>    </u> a. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) shall be treated, for purposes of title XIX, as receiving SSI benefits for the month.</p> <p><u>  X  </u> b. The State applies more restrictive eligibility standards than those under SSI.</p> <p>Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of Section 1611(e)(3)(A), and who continue to meet the more restrictive requirements for Medicaid eligibility under the State plan, are eligible for Medicaid as categorically needy.</p>
1902(a)(10)(e)(iv)	<p>29. Qualifying Individuals - 1</p> <p>a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act), but not otherwise eligible for Medicaid;</p> <p>b. Who would qualify for coverage under A.25 of Attachment 2.2-A as Qualified Medicare beneficiaries, but has income which is at least 120% but is less than 135% of the Federal poverty level.</p> <p>c. Whose resources do not exceed twice the maximum standard under SSI.</p> <p>(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)</p> <p><del>30. Qualifying Individuals - 2</del></p> <p><del>Who would be Qualifying Individuals - 1 under the conditions in number 29 above, but have income which is at least 135% but less than 175% of the Federal poverty level.</del></p> <p><del>(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)</del></p>

TN No. 02-30  
Supersedes  
TN No. 98-18

Approval Date \_\_\_\_\_ Effective Date 01/01/03